

INTERSTATE COMPACT ON JUVENILES
OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN
Michigan Family Independence Agency



☐ VACATION/VISIT ONLY ☐ VISIT FOR TESTING PLACEMENT

TRAVEL PERMIT

To: _____ From: _____
(Receiving State) (Sending State)

From: _____ ()
(Name, Title) (Agency/Department) (Phone #)

Re: _____
(Name of Juvenile) (Date of Birth) (Race/Sec)

(Offense) (Court/Agency #) (Legal Status)

Present Placement (check one) ☐ Detention ☐ Residential ☐ Community
☐ Furlough ☐ Foster Care ☐ Other (Specify) _____

Location: _____
(Address)

Permission is granted to the above-named juvenile to visit the State of _____

from _____ until _____
(Date) (Date)

☐ He ☐ She will be staying with _____
(Name) (Relationship)

at _____ ()
(Full Address) (City) (State) (Zip) (Phone #)

Reason for Visit: _____

Mode of Transportation: _____

Special Instructions: _____

Completed by: _____
(Name) (Title) (Date)

I, the undersigned, recognize that I am under the legal custody/jurisdiction of the State of _____, Department/Court _____. I hereby agree that I will comply with the rules and regulations of my state of jurisdiction and the State of _____ and with the above conditions and instructions, I will return to the State of _____ on _____ voluntarily and without further formality. In signing this agreement, I also understand that my failure to comply with the conditions may result in my being considered absent without leave (AWOL), and a warrant and requisition may be issued for my apprehension and return to the State of _____ for further disciplinary action.

☐ I have read the above **OR** ☐ I have had the above read and explained to me, I understand the meaning of it and agree thereto.

(Juvenile's Signature) (Date)

Witnessed by: _____
(Signature of Caseworker or Probation/Parole Officer) (Title) (Date)

Approved by: _____
(Signature of Supervisor) (Title) (Date)

AUTHORITY: Public Act 203, 1958
COMPLETION: Required.
PENALTY: Juvenile may not be returned.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.